DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11673

Registration District No. 3047 Primary Registration District No. 3079 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Marion (b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Elizabeth Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether)

In this community years, months or days) ---

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls

(c) City or town Center (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary C. (Rector) Hague

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife R. E. Hague 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 17 (Day) 1880 (Year)

8. AGE: Years 59 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Ralls Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Henry Burch

13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mariah Abram

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gladys Wallace

(b) Address Center Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (Month) (Day) (Year)

(c) Place: burial or cremation Center Cemetery

18. (a) Signature of funeral director Fisher Funeral

(b) Address Center Mo

19. (a) 3-18-40 (Date received local registrar) (b) H. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14

year 1940 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 20, 1940, to 3-14, 1940; that I last saw her alive on 3-14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cholecystitis —	2 mo -
Due to: Acute myocardial failure	1 day
Due to: Cholecystectomy (3-11-40 with drainage	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings: Of operation Acute subacute cholecystitis

Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Howard Sudduth (M. D. or other) M.D.

Address Hannibal Mo Date signed 3-18-40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-1739 1 x19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gilbert R Hulse

Licensed Embalmer No. 3356

P. O. Address Curtis Neb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Acute cholecystitis.

Acute myocardial failure

Cholecystectomy (3-11-45)
with drainage

Acute & Subacute
cholecystitis

11673 (1940)